

## Announcement of Funding Availability

### Drop-In Center



## *Proposal Guidance and Instructions*

AFA Title: Drop-In Center  
Targeting Region: Region 5  
AFA Number: AFA 01-2016-AMH REVISED

West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
350 Capital Street, Room 350  
Charleston, WV 25301-3702

*For Technical Assistance please include the AFA # in the  
subject line and forward all inquiries in writing to:*

[DHHRBHHFAnnouncement@wv.gov](mailto:DHHRBHHFAnnouncement@wv.gov)

Key Dates:	
Date of Release:	March 26, 2015
TECHNICAL ASSISTANCE MEETING:	April 13, 2015 more details to follow
Letter of Intent Deadline:	April 15, 2015 Close of Business – 5:00PM
Application Deadline:	May 08, 2015 Close of Business–5:00PM
Funding Announcement(s) To Be Made:	May 18, 2015
Funding Amount Available:	See Announcement for Details

The following are requirements for the submission of proposals to the Bureau for Behavioral Health and Health Facilities (BBHBF): The document includes general contact information, program information, administrative responsibilities, and fiscal requirements. ✓Responses must be submitted using the required AFA Application Template available at [DHHR.WV.GOV/BHHF/AFA](http://DHHR.WV.GOV/BHHF/AFA). ✓Responses must be submitted electronically via email to [DHHRBHHFAnnouncement@wv.gov](mailto:DHHRBHHFAnnouncement@wv.gov) with the AFA Title and Number in the subject line. Paper copies of the proposal *will not* be accepted. ✓All submissions must be received no later than 5:00 PM on the application deadline. It is the sole responsibility of applicant to ensure that all required documents are received by the application deadline. Notification that the proposal was received will follow. ✓A Statement of Assurance agreeing to these terms is required of all proposal submissions available at [DHHR.WV.GOV/BHHF/AFA](http://DHHR.WV.GOV/BHHF/AFA). This statement must be signed by the agency's CEO, CFO, and Project Officer. ✓Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline *will not* pass initial administrative review.

### **LETTER OF INTENT**

Organizations planning to submit a response to this Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) by **April 15, 2015 close of business (5:00pm)** to the email address: [DHHRBHHFAnnouncement@wv.gov](mailto:DHHRBHHFAnnouncement@wv.gov) prior to submission of the proposal. List the AFA Title and Number found on Page 1 of this document in the email subject line. These letters of intent shall serve to document the organization's interest in providing the type of service(s) described within this AFA and will not be considered binding until documented receipt of the proposal.

### **RENEWAL OF AWARD**

The Bureau for Behavioral Health and Health Facilities (BBHFF) may renew or continue funding beyond the initial fiscal year award for up to one (1) additional fiscal year. Future funding will be contingent on factors including, but not limited to, availability of funds, successful implementation of goals, and documented outcomes.

### **LEGAL REQUIREMENTS**

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

The grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

### **FUNDING AVAILABILITY**

This funding announcement is part of a statewide plan to expand regionally based adult mental health drop in center services for adults. This funding recommendation was made possible by the Adult Mental Health Block Grant with the availability of a maximum of \$70,000.00 per site.

Funding for a **Drop-In Center** will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

<b>REGION</b>	<b>FUNDING AVAILABILITY Not to exceed:</b>
<b>Five (5) Site One: Charleston (West Side Preferred)</b>	\$70,000.00 per site*
<b>Five (5) Site Two: Huntington</b>	\$70,000.00 per site*

**The total amount of funding available under this AFA is \$140,000**

**\*The funding for this AFA has been revised from \$83,000 per site down to \$70,000 per site.**

### **Start Up Costs**

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHMF will contact the applicant organization and arrange a meeting to discuss remedial action.

### **Funding Reimbursement**

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

## REGIONS IN WEST VIRGINIA

The WV Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties

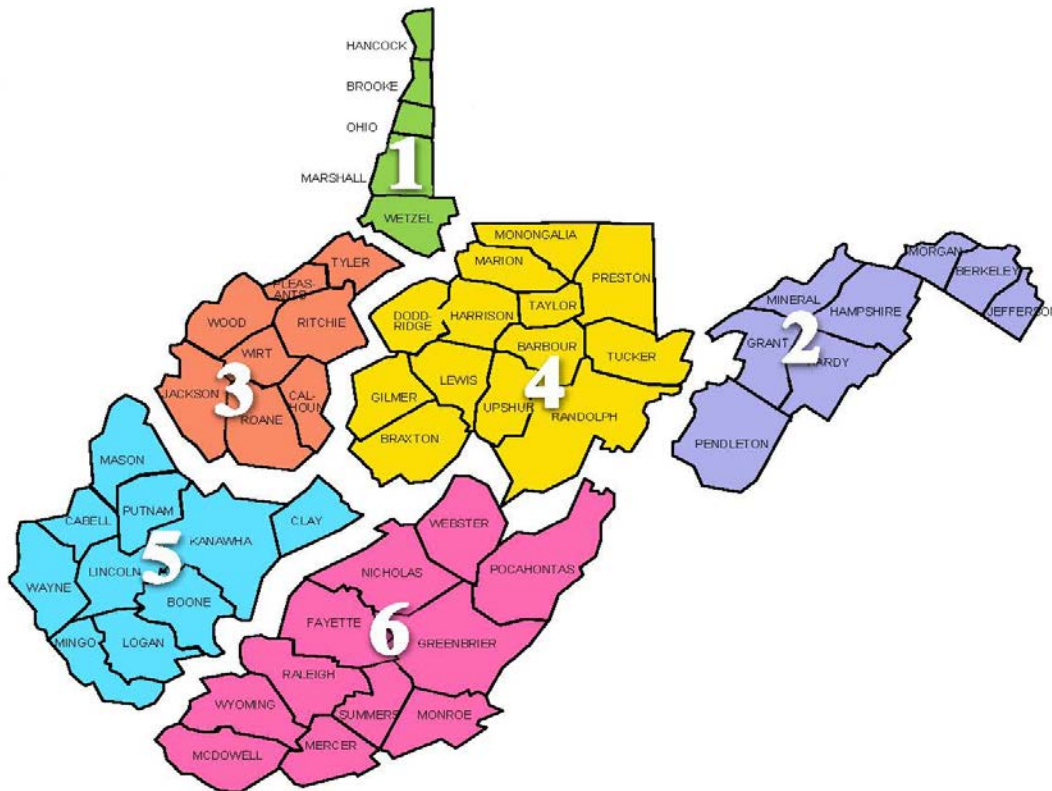
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties



## Section One: INTRODUCTION

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHFF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

<b>Behavioral Health Prevention, Treatment and Recovery System Goals</b>	
<i>Priority 1 Assessment and Planning</i>	<i>Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.</i>
<i>Priority 2 Capacity</i>	<i>Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.</i>
<i>Priority 3 Implementation</i>	<i>Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.</i>

<i>Priority 4 Sustainability</i>	<i>Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.</i>
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## Section Two: **FINANCIAL, LEGAL, & PROGRAMMATIC DESCRIPTION**

BBHHF receives Federal Mental Health Block Grant funds for implementing and expanding an organized community-based system of care for providing mental health services for adults with serious mental illness. This is achieved through the implementation of evidence-based and emerging best practices. Grantees are expected to submit proposals outlining how they will provide services to people with serious mental illness and their families. Service to this targeted population is a requirement of the Federal Mental Health Block Grant.

### **FEDERAL BLOCK GRANT REGULATIONS/RESTRICTIONS**

Recipients of Federal Mental Health Block Grant funding cannot expend the grant for the following:

1. To provide inpatient services;
2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, to purchase furniture, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds or;
5. To provide financial assistance to any entity other than a public or nonprofit entity.

Drop-In Centers offer an opportunity for individuals receiving program and support services to learn additional skills, improve social connectedness, and practice wellness and recovery. Considerable literature and research concerning drop-in centers, clubhouses, and recovery supports the efficacy of adding this nontraditional service to traditional treatment and other supports.



## Section Three: **SERVICE DESCRIPTION**

### **Drop In Center**

#### **Target Population (Adults with Serious Mental Illness):**

#### **Purpose**

The Bureau for Behavioral Health and Health Facilities (BBHFF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services.

**Recovery support services** provide opportunities of change whereby individuals work to improve their own health through social inclusion or engaging in supportive recovery communities. Peer support, Peer (Recovery) Coaching, Recovery Support Center Services, and Supports for Self Directed Care are effective components of the process.

**Drop-In Centers** serve the needs of individuals outside of the traditional mental health system. The Centers provide a safe, inviting, nonjudgmental environment for individuals to socialize, communicate and participate in activities that support recovery. They also allow individuals the opportunity to learn to live in the community and to take control of their lives. Individuals are able to interact with others who have shared similar experiences. They are designed to be consumer-driven in governance.

The Bureau for Behavioral Health and Health Facilities' (BBHFF) purpose for creating **Drop-In Centers** throughout West Virginia is to:

1. Provide peer/recovery support services in a safe, inviting, nonjudgmental environment to individuals with a mental health and/or co-occurring substance use disorder.
2. Educate participants on the community support services available through the center and refer upon request for additional services.
3. Improve participant socialization, communication, and engagement with peer group.
4. Increase the number of agencies, local businesses and consumer service organizations who support the efforts of the drop-in center.
5. Determine consumer satisfaction levels by surveying program participants on an informal basis through a peer developed protocol.

## **Service Overview**

A Drop-In Center is a convenient place in the community open to everyone in the surrounding area. The Center offers a safe environment, space for groups and meetings, and follows ADA guidelines for accessibility and city, county, and/or State safety ordinances. Activities include, but are not limited to: personal and group recovery activities, such as Wellness Recovery Action Planning, 12 Step programs, discussion groups, promotion and facilitation of the health insurance enrollment process for the eligible uninsured, and opportunities for advocacy training, such as the West Virginia Leadership Academy. Educational opportunities should include mental and physical wellness, money management, job training, computer skills development, and classes for preparation for the General Education Diploma (GED). Information on seeking funding to attend state and national conferences should be made available to all consumers.

Each Center must have computers and internet capability on site for the use of consumers participating in the drop-in center activities. The Center will consider adding activities which may be requested by individuals making use of the Center. Transportation will be offered for necessary appointments and leisure activities as well as access to the Center. The Center will assist consumers to identify and participate in community projects to develop meaningful relationships with neighbors. Social opportunities will be planned around the desires of the consumers.

Peer advisory committees will be provided at the Center. Consumers should also have the opportunity to apply for volunteer positions in the Center as they become available. Consumer feedback will be obtained for services rendered to inform and improve service accessibility and delivery. The Center will actively collaborate with the West Virginia Behavioral Health Planning Council.

The staff and volunteers must be honor, value, and promote recovery and wellness as evidenced by training and personal experience and be culturally competent for the area they serve. Staff will be trained in cultural competency, motivational interviewing, suicide prevention, trauma-informed care and person-centered care.

### **Collaborations and Memorandums of Understanding**

Applicants must demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population. In doing so, Memoranda of Understanding (MOUs) must be completed with key partnering agencies and organizations, which may include but is not restricted to:

- Local Public Housing Authorities
- Behavioral Health (Substance Use, Mental Health, I/DD)
- Primary Health
- Hospitals
- Obstetric/Gynecological, if applicable
- Pediatric, if applicable
- Childcare, if applicable
- Medication Assisted Treatment (MAT) Providers, if applicable
- Family Assistance Programs
- Early Intervention and Home Visiting Programs
- Family and/or Drug Courts
- Criminal Justice Systems
- Employment, Education and/or Vocational programs
- Recovery Support Network/Community/Services

## Section Four: **PROPOSAL INSTRUCTIONS / REQUIREMENTS**

**Eligible applicants** must provide proof of a valid West Virginia business license and comply with all requirements provided within this AFA. All proposals will be reviewed by the BBHMF staff for administrative compliance. Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline will not be reviewed. A Statement of Assurance agreeing to these terms is required of all proposal submissions to BBHMF. This statement must be signed by the applicant organization's CEO, CFO, and Project Officer. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

- A. Population of Focus and Statement of Need (10 points)
- B. Proposed Evidence-Based Service/Practice (20 points)
- C. Proposed Implementation Approach (50 points)
- D. Staff and Organizational Experience (10 points)
- E. Data Collection and Performance Measurement (10 points)

**Proposal Abstract** – All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of service goals and measurable objectives, including the number of people projected to be served annually. Proposal abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding **35** lines in length.

**Proposal Narrative** – The Proposal Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be more than **15** pages; applicants **must utilize** 12pt. Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included as a footer.

**Supporting Documentation** – The Supporting Documentation provides additional information necessary for the review of your proposal. It consists of Sections F and G. These documents and/or attachments will not be counted towards the Proposal Narrative page limit; however, Section F and G together may not be more than **20** pages.

**Maximum number of pages permitted for proposal submission is 35 total pages;** limits for the Proposal Narrative and Supporting Documentation must also be upheld. All pages submit as

part of the proposal submission will count toward this maximum limit. Materials not requested within this AFA such as cover/heading pages, additional supporting documentation, etc. will be counted. Proposals that exceed this maximum limit and/or the limits established for the Proposal Narrative and Supporting Documentation will not pass the initial administrative review.

## Section Five: **PROPOSAL OUTLINE**

*All proposal submissions must include the following components without exception to be reviewed.*

### **Abstract:**

Provide a brief description of the proposed service as earlier set forth in this document.

### **Proposal Narrative:**

#### **A. Population of Focus and Statement of Need: (10 Points)**

- Provide a comprehensive demographic profile of the target population in terms of race, ethnicity, language, gender, age, socioeconomic characteristics, and other relevant factors, such as literacy, citing relevant data. Identify the source of all data referenced.
- Clearly indicate the proposed geographic area to be served, by Region and County(ies).
- Discuss the relationship of the target population to the overall population in the proposed geographic area to be served citing relevant data. Identify the source of all data referenced.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e. current prevalence rates or incidence data) for the target population based on data. Identify the source of all data referenced. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for data that could be used are key informant interviews, newspaper article, focus groups, local epidemiologic data, state data, and/or national data.
- Identify health disparities among the target population relating to access, use, and outcomes of the proposed service citing relevant data. Identify the source of all data referenced.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health and co-occurring recovery services in the proposed geographic area to be served that is consistent with purpose of the AFA.
- Describe the existing stakeholders and resources in the proposed geographic area to be served which can help implement the needed infrastructure development.
- Include a Reference/Work Cited page for all data referenced within proposal in **Attachment 1**.

#### **B. Proposed Evidence-Based Service/Practice: (20 Points)**

- Describe the purpose of the proposed service.
- Clearly state the goals, objectives and strategies for the service. These must relate to

the purpose of the AFA and each of the performance measures identified in Section E: Data Collection and Performance Measurement.

- Describe all evidence-based practice(s) (EBP) that will be used and justify use for the target population, the proposed service, and the purpose of this AFA. To verify/review EBPs visit SAMHSA's National Registry of Evidence-based Programs and Practices at <http://www.nrepp.samhsa.gov/>
- If an EBP does not exist/apply for the target population and/or service, fully describe practice(s) to be implemented, explain why it is appropriate for the target population, and justify its use compared to an appropriate, existing EBP.
- Describe how the proposed practice(s) will address the following issues in the target population, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation and gender identity) and disability.
- Identify any screening tools that will be used and basis for selection. Screening tools do not include clinical assessments, admission criteria, or intake data collection instruments. For more information visit SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) 'Screening Tools' website: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs>
- Describe how identified behavioral health disparities will be addressed and suggested strategies to decrease the differences in access, service use, and outcomes among the target population. One strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.
- Describe how the applicant organization will ensure cultural competence in service implementation. All BBHFF grantees are required to receive cultural competence training and to ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status. All materials associated with awarded funding must be developed at low literacy levels for further understanding and comprehension in WV communities.
- Describe how privacy and confidentiality will be ensured throughout the entirety of the service, including collection and dissemination of data, consumer feedback, etc.

**C. Proposed Implementation Approach: (50 Points)**

- Provide a one (1) year/twelve (12) month chart or graph depicting a realistic timeline of the service. The timeline must include the key activities and staff(s)/partners responsible for action through all phases including but not restricted to planning/development, implementation, training/consultation, intervention(s)

milestones (EBPs), data collection/reporting, quality assurance, etc. Be sure to show that the project can be implemented and delivery of the service can begin as soon as possible, and no later than six (6) months post award. Note: The timeline should be part of the Proposal Narrative. It should not be placed in an attachment.

- Describe how achievement of the proposed goals, objectives, and strategies identified for the service will produce meaningful and relevant results in the community (e.g. increase access, availability, prevention, outreach, pre-services, treatment and/or recovery) and demonstrate the purpose of the AFA.
- Describe the proposed service activities and how they relate to the goals, objectives and strategies, how they meet the identified infrastructure needs, how they fit within or support the development of the statewide continuum of care.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project with a letter of support and/or Memorandum of Understanding (MOU). Include letters of support and MOUs from community organizations and/or partners supporting the project in **Attachment 2**.
- Describe how you will work across systems to ensure that services provided to the target population are coordinated and considered by multiple levels and systems.
- Clearly state the unduplicated number of individuals to be served (annually) with grant funds, including the types and numbers of services to be provided.
- Describe additional training to be sought and utilized in the development of the service, identifying key training components (by title) and their relevance.
- Describe how you will screen and/or assess clients for the presence of co-occurring mental health and substance use disorders and use the information obtained from the screening and/or assessment to facilitate appropriate referral to treatment for the persons identified as having such co-occurring disorders.
- Describe how you will ensure the input of the target population in planning, implementing, and assessing the proposed service. Describe the feedback loop between the target population, the applicant organization, partners/key stakeholders, and the BBHMF in all implementation stages of the project.
- Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured individuals receiving the proposed service. Also describe how you will ensure the utilization of other revenue realized from the provision of adult mental health services to the fullest extent possible, using BBHMF grant funds only to serve individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of the BBHMF grant funds).
- Identify the potential barriers to successful conduct of the proposed service and



describe strategies to overcome them.

- Describe your plan to continue the proposed service after the funding period ends. Also, describe how service continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.
- Describe the facility(ies) to be utilized, if any, for the service. This includes an existing facility already owned and operated by the applicant organization, or a facility for which the applicant organization has a detailed business plan for acquisition, leasing, or other manner of habitation. The BBHMF is available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the applicant organization chooses to speak to the BBHMF regarding what options may exist, the discussions must occur prior to submission of the proposal. Any architectural plans or diagrams that may exist may be included in **Attachment 1**

**D. Staff and Organization Experience: (10 Points)**

- Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a complete list of staff positions for the service, including the Project Officer and other key personnel, showing the role of each, their level of effort/involvement and qualifications.
- Discuss how the key personnel have demonstrated experience, are qualified to serve the target population and are familiar with the applicable culture.

**E. Data Collection and Performance Measurement: (10 Points)**

- Describe the plan for data collection, management, analysis, and reporting on the required performance measures, as specified in Section Six: Expected Outcomes / Products of this AFA. Specify and justify any additional measures or instruments to be used.
- Describe the data-driven, quality improvement process by which target population disparities in access, use, and outcomes will be tracked, assessed, and reduced.
- Describe how data will be used to manage the service at a systems level to ensure that the goals, objectives, and strategies are tracked and achieved.
- Describe how information related to process and outcomes will be routinely communicated to the target population, staff, governing and advisory bodies, and stakeholders.

### Supporting Documentation:

**F. Budget Form and Budget Narrative:** *All requirements set forth in Section F must be included in **Attachment 3***

- Include a proposed Target Funding Budget (TFB) with details by line item, including sources of other funds where indicated on the TFB form.
  - Include expenses for attending BBHMF-required meetings and trainings.
- Include a Budget Narrative word document with specific details on how funds are to be expended.
  - The Budget Narrative clarifies and supports the TFB. The Budget Narrative should clearly/specify the intent of and justify each line item in the TFB.
- Describe any potential for other funds or in kind support. Please include a description of such funds as a supplement to the Budget Narrative word document.
- Prepare and submit a separate TFB form for any capital or start-up expenses and attach this separate TFB form to the coordinating Budget Narrative word document.
- Additional financial information and requirements are located in **Appendix A**.

All forms referenced in Section F: Budget Form and Budget Narrative can be accessed through the BBHMF web-site at: <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>  
Targeted Funding Budget (TFB) Instructions available at:  
<http://www.dhhr.wv.gov/bhhf/forms/Documents/FY%202014%20BBHMF%20TFB%20Instructions.pdf>

### **G. Attachments 1 through 3:**

- **Attachment 1:** Reference/Work Cited Page (to include all proposal data citations); Facility/site diagrams (if applicable/available)
- **Attachment 2:** Letters of Support / Memorandum's of Understanding (MOU)
- **Attachment 3:** Targeted Funding Budget(s) and Budget Narrative(s)

## Section Six: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

### **Expected Outcomes:**

1. Provide peer/recovery support services in a safe, inviting, nonjudgmental environment to individuals with a mental health and/or co-occurring substance use disorder.
2. Educate participants on the community support services available through the center and refer upon request for additional services.
3. Improve participant socialization, communication, and engagement with peer group.
4. Increase the number of agencies, local businesses and consumer service organizations who support the efforts of the drop-in center.
5. Determine consumer satisfaction levels by surveying program participants on an informal basis through a peer developed protocol.

### **Performance Measures:**

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
  - a. Number of Unduplicated Persons Served by Type of Activity
  - b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity
2. Maintain and provide documentation related to the following:
  - a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, service activities implemented with other sectors indicating type and number
  - b. Number and type of professional development trainings attended and provided
  - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
3. Submit all data as related to the Expected Outcomes/Performance Measures within 25 calendar days of the end of each month in accordance with applicable BBHMF Data Reporting located at:  
<http://www.dhhr.wv.gov/bhhf/Sections/administration/DAT/Pages/measures.aspx>.

## Section Seven: **TECHNICAL ASSISTANCE**

The **Bureau for Behavioral Health and Health Facilities (BBHFF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: [DHHRBHHFAnnouncement@wv.gov](mailto:DHHRBHHFAnnouncement@wv.gov). All emailed technical assistance inquiries will be addressed by the BBHFF and posted to a Frequently Asked Questions (FAQ) document on the BBHFF website available at <http://www.dhhr.wv.gov/bhhf/AFA/Pages/default.aspx>.

1. **WV Behavioral Health Profile** (also accessible by clicking 'Resources' on DADA webpage): Contains Statewide data pertaining to behavioral health issues:  
[http://www.dhhr.wv.gov/bhhf/resources/Documents/2013\\_State\\_Profile.pdf](http://www.dhhr.wv.gov/bhhf/resources/Documents/2013_State_Profile.pdf)
2. **WV County Profiles:** Contains county-level data pertaining to behavioral health issues, uses convenient 'at a glance' format:  
<http://www.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/2014-County-Profiles.aspx>

## Appendix A

### Other Financial Information

#### Allowable Costs:

*Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.*

#### Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

<b>If the Grantee is a:</b>	<b>OMB Circulars Codified at:</b>
State, local or Indian tribal government use the cost principles in <b>OMB Circular A-87</b> .	DHS codified at <b>45 C.F.R. § 92</b> and <b>45 C.F.R. § 95</b> USDA codified at <b>7 C.F.R. § 3016</b> ; EDUC codified at <b>34 C.F.R. § 80</b> ; EPA codified at <b>40 C.F.R. § 31</b> .
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in <b>OMB Circular A-122</b> as not subject to that circular use the cost principles in <b>OMB Circular A-122</b> .	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .
Educational Institution use the cost principles in <b>OMB Circular A-21</b> .	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .
Hospital use the cost principles in <b>Appendix E of 45 C.F.R. § 74</b> .	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .

For-profit organization other than a hospital and an organization named in <b>OMB Circular A-122</b> as not subject to that circular use the cost principles in <b>48 C.F.R. pt. 31</b> Contract Cost Principles and Procedures.	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .
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#### **Grantee Uniform Administrative Regulations:**

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

<b>If the Grantee is a:</b>	<b>OMB Circulars Codified at:</b>
State, local or Indian tribal government use the uniform administrative requirements in <b>OMB Circular A-102</b> .	Department of Health and Human Services (DHS) codified at <b>45 C.F.R. § 92</b> and <b>45 C.F.R. § 95</b> ; Department of Agriculture (USDA) codified at <b>7 C.F.R. § 3016</b> ; Department of Education (EDUC) codified at <b>34 C.F.R. § 80</b> ; Environmental Protection Agency (EPA) codified at <b>40 C.F.R. § 31</b> .
Private nonprofit organization, institutions of higher education, or a hospital use the uniform administrative requirements in <b>OMB Circular A-110</b> .	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .
For-profit organization use the uniform administrative requirements in <b>OMB Circular A-110</b> .	DHS codified at <b>45 C.F.R. § 74</b> ; USDA codified at <b>7 C.F.R. § 3019</b> ; EDUC codified at <b>34 C.F.R. § 74</b> ; EPA codified at <b>40 C.F.R. § 30</b> .